



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/615,163 Confirmation No.: 8272
Applicant(s): Munekazu DATE, et al.
Filed: July 8, 2003
Art Unit: 2871
Examiner: A. M. Schechter
Title: OPTICAL DEVICE AND DISPLAY APPARATUS

Docket No.: 041309/262109
Customer No.: 00826

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

June 17, 2004

AMENDMENT
37 C.F.R. § 1.121

Sir:

In response to the Office Action dated March 17, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

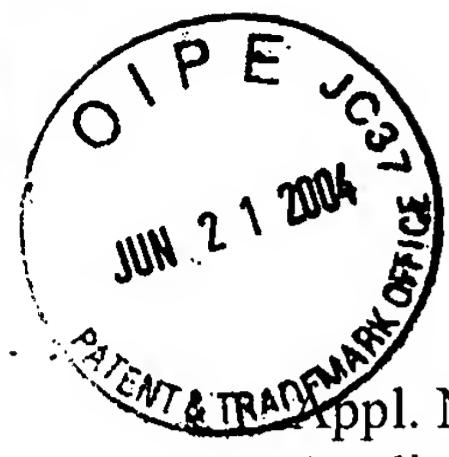
Amendments to the Claims are reflected in the listing of claims beginning on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.

06/23/2004 EAREGAY1 00000030 10615163

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86.00 OP



IFW/S
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Transmitted herewith is an AMENDMENT in the above-identified patent application.

Applicant claims small entity status. See 37 C.F.R. § 1.27.
 No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 17	**	=	X 9=	\$	X 18=	\$
INDEP	* 4	*** 3	= 1	X 43=	\$	X 86=	\$ 86
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+145=	\$	+290=	\$
				TOTAL ADD FEE \$		OR TOTAL	\$ 86

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

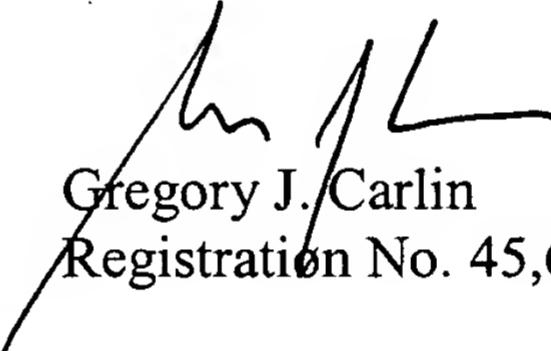
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent)

In re: Munekazu DATE, et al.
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Filed: July 8, 2003
Page 2

is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 16-0605 in the amount of \$_____.
- A check in the amount \$86.00 to cover the additional fee is enclosed.
- The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
 - Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

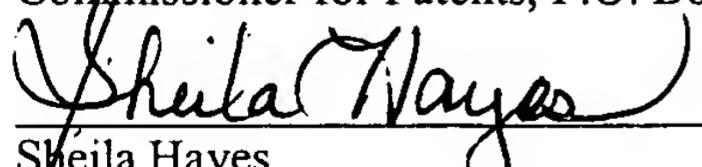

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment,
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 17, 2004



Sheila Hayes